

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00570226
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2022</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>10000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>E2568377B10AF40AE82F</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2022</b>
Name of Federal Candidate <b>Nunn, Zach, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2022</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>10000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>E01FDDA0C793E4F2FA43</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2022</b>
Name of Federal Candidate <b>Aadland, Erik, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>20000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kilgore, Paul, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 21 / 2022**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00570226
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2022</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>10000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>EEB2721BA13944A95BD1</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2022</b>
Name of Federal Candidate <b>Schmitt, Colin, J, ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2022</b>
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>10000.00</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>
Purpose of Expenditure <b>Digital Advertising</b>	Category/Type	Transaction ID : <b>E1516F0E7AB3343F696E</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2022</b>
Name of Federal Candidate <b>Kiggans, Jennifer, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>20000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>20000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Kilgore, Paul, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 21 / 2022**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>MWPolitical, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2022</b>		
Mailing Address <b>114 Karland Dr NW</b>		Amount <b>10000.00</b>		
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30305-1126</b>	Transaction ID : <b>EE1838266C84C4FEDBC9</b>	
Purpose of Expenditure <b>Digital Advertising</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2022</b>	
Name of Federal Candidate <b>Crane, Eli, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>20000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>10000.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶				
(c) TOTAL Independent Expenditures..... ▶		<b>50000.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Kilgore, Paul, ,</i>		[Electronically Filed]    Date    MM / DD / YYYY <b>10 / 21 / 2022</b>		